

<b>Reporting Authority</b>					
Name of Public Health Officer responsible for case			OfficerName		
<b>Notifier Identification</b>					
Reporting source*		<input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory		<input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other	
Report Src					
Name of reporting source		ReportName	Organisation	ReportOrganisation	
Date reported*		ReportDate	Laboratory sample date	SampleDate	Contact phone
Usual GP		UsualGP	Practice	GPPRACTICEName	GP phone
GP/Practice address		Number	housenumber	Street	streetname
GpAddress		Town/City	towncity		Post Code
				Post Code	postcode
					<input type="checkbox"/> GeoCode
<b>Case Identification</b>					
Name of case*		Surname	Given Name(s)	GivenName	
NHI number*		NHINumber	Email	Email	
Current address*		Number	Street	Suburb	
CaseAddress		Town/City		Post Code	<input type="checkbox"/> GeoCode
Phone (home)		PhoneHome	Phone (work)	PhoneWork	Phone (other)
					PhoneOther
<b>Case Demography</b>					
Location	TA*	TA	DHB*	DHB	
Date of birth*	DateOfBirth	OR	Age	Age	AgeUnits
Sex*	Sex	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Unknown	<input type="radio"/> Other
Occupation*	Occupation				
Occupation location	Occupation_place_type - main				
Name	occupation_place_name - main				
Address	Number	Street	Suburb		
PlaceOfWork - Main	Town/City		Post Code	<input type="checkbox"/> GeoCode	
Alternative location	Occupation_place_type - Alternative				
Name	occupation_place_name - Alternative				
Address	Number	Street	Suburb		
PlaceOfWork- Alternative	Town/City		Post Code	<input type="checkbox"/> GeoCode	
Ethnic group case belongs to* (tick all that apply)					
<input type="checkbox"/> NZ European	EthNZEuropean	<input type="checkbox"/> Maori	EthMaori	<input type="checkbox"/> Samoan	EthSamoan
					Cook Island Maori
					EthCookIslandMaori
<input type="checkbox"/> Niuean	EthNiuean	<input type="checkbox"/> Chinese	EthChinese	<input type="checkbox"/> Indian	EthIndian
					EthTongan
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan)	EthOther	*(specify)		EthSpecify1	EthSpecify2

Pertussis	<a href="#">?</a>	EpiSurv No.	<a href="#">?</a>		
<b>Basis of Diagnosis</b>					
<b>CLINICAL CRITERIA</b>					
Fits clinical description* <a href="#">FitClinDes</a>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown		
<b>Clinical Features</b>					
Cough (any duration)* <a href="#">CoughAny</a>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown		
If yes, cough for more than 2 weeks <a href="#">Cough</a>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown		
Paroxysmal cough* <a href="#">Paroxysm</a>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown		
Inspiratory whoop* <a href="#">CoughWhoop</a>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown		
Cough ending in vomiting, cyanosis or apnoea* <a href="#">CoughVomit</a>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown		
<b>LABORATORY CRITERIA</b>					
Isolation of <i>Bordetella pertussis</i> (culture)* <a href="#">Isolation</a>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Done	<input type="radio"/> Awaiting Results	<input type="radio"/> Unknown
Detection of <i>Bordetella pertussis</i> nucleic acid (e.g. NAAT/PCR)* <a href="#">NAAT</a>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Done	<input type="radio"/> Awaiting Results	<input type="radio"/> Unknown
<b>EPIDEMIOLOGICAL CRITERIA</b>					
Contact with a confirmed case of pertussis* <a href="#">ContCase</a>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown		
<b>CLASSIFICATION*</b> <a href="#">Status</a>					
<input type="radio"/> Under investigation	<input type="radio"/> Probable	<input type="radio"/> Confirmed	<input type="radio"/> Not a case <a href="#">?</a>		
<b>Clinical Course and Outcome</b>					
Date of onset* <a href="#">OnsetDt</a>	<input type="text"/>	<input type="checkbox"/> Approximate <a href="#">OnsetDtAppro</a>	<input type="checkbox"/> Unknown <a href="#">OnsetDtUnknown</a>		
Hospitalised* <a href="#">Hosp</a>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown		
Date hospitalised* <a href="#">HospDt</a>	<input type="text"/>	<input type="checkbox"/> Unknown <a href="#">HospDtUnknown</a>			
Hospital* <a href="#">HospName</a>	<input type="text"/>				
Died* <a href="#">Died</a>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown		
Date died* <a href="#">DiedDt</a>	<input type="text"/>	<input type="checkbox"/> Unknown <a href="#">DiedDtUnknown</a>			
Was this disease the primary cause of death?* <a href="#">DiedPrimary</a>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown		
If no, specify the primary cause of death* <a href="#">DiedOther</a>	<input type="text"/>				
<b>Outbreak Details</b>					
Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*					
Outbrk	<input type="checkbox"/> Yes	If yes, specify Outbreak No.* <a href="#">OutbrkNo</a>	<input type="text"/>		
<b>Risk Factors</b>					
Attendance at school, pre-school or childcare~ <a href="#">AttendSch</a>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown		
Other risk factors for disease~ <a href="#">RiskOthSpecify</a>	<input type="text"/>				

Pertussis		EpiSurv No.	
<b>Protective Factors</b>			
<b>At any time prior to onset, had the case been immunised with pertussis - containing vaccine?*</b> <b>Immunised</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
<b>If yes, specify vaccine details*</b>			
First administered dose:*	<b>FirstDose</b>	<input type="radio"/> DTPH/DTP/DTaP	<input type="radio"/> Unknown
Date given*	<b>DtFirstDose</b>	<input type="checkbox"/> Or age when first dose was given <b>AgeFirstDose</b>	<input type="radio"/> YMWFIRSTDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Source of information*	<b>SceFirstDose</b>	<input type="radio"/> Patient/caregiver recall	<input type="radio"/> Documented
Second administered dose:*	<b>SecndDose</b>	<input type="radio"/> DTPH/DTP/DTaP	<input type="radio"/> Not Given <input type="radio"/> Unknown
Date given*	<b>DtSecndDose</b>	<input type="checkbox"/> Or age when second dose was given <b>AgeSecndDose</b>	<input type="radio"/> YMWSecndDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Source of information*	<b>SceSecndDose</b>	<input type="radio"/> Patient/caregiver recall	<input type="radio"/> Documented
Third administered dose:*	<b>ThirdDose</b>	<input type="radio"/> DTPH/DTP/DTaP	<input type="radio"/> Not Given <input type="radio"/> Unknown
Date given*	<b>DtThirdDose</b>	<input type="checkbox"/> Or age when third dose was given <b>AgeThirdDose</b>	<input type="radio"/> YMWThirdDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Source of information*	<b>SceThirdDose</b>	<input type="radio"/> Patient/caregiver recall	<input type="radio"/> Documented
Fourth administered dose:*	<b>FourthDose</b>	<input type="radio"/> DTPH/DTP/DTaP	<input type="radio"/> Not Given <input type="radio"/> Unknown
Date given*	<b>DtFourthDose</b>	<input type="checkbox"/> Or age when fourth dose was given <b>AgeFourthDose</b>	<input type="radio"/> YMWFourthDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Source of information*	<b>SceFourthDose</b>	<input type="radio"/> Patient/caregiver recall	<input type="radio"/> Documented
Fifth administered dose:*	<b>FifthDose</b>	<input type="radio"/> DTPH/DTP/DTaP	<input type="radio"/> Not Given <input type="radio"/> Unknown
Date given*	<b>DtFifthDose</b>	<input type="checkbox"/> Or age when fifth dose was given <b>AgeFifthDose</b>	<input type="radio"/> YMWFifthDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Source of information*	<b>SceFifthDose</b>	<input type="radio"/> Patient/caregiver recall	<input type="radio"/> Documented
<b>If the case is aged &lt;5 years, was the birthing parent given a pertussis vaccine during pregnancy?*</b> <b>MotherVacc</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
If yes, date vaccine was given <b>DtMotherVacc</b> <input type="text"/>			
<b>Management</b>			
<b>CASE MANAGEMENT</b>			
Case excluded from work or school, pre-school or childcare for 3 weeks from onset of cough or until they have completed at least 2 days of azithromycin or 5 days of a different antibiotic <b>Excluded</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Unknown			
<b>CONTACT MANAGEMENT</b>			
Contacts under 7 years of age who are not fully immunised, encouraged to be immunised <b>ImmuContacts</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Unknown			
Were there any household contacts less than 1 year old? <b>ContactLT1</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
If yes, how many household contacts <b>NoHouse</b> <input type="text"/>			
If yes, how many have had pertussis already (current or recent) <b>NoHadPertus</b> <input type="text"/>			
If yes, how many were offered erythromycin <b>NoOfferEryth</b> <input type="text"/>			
<b>Comments*</b>			
<b>Comments</b> <input type="text"/>			